

L15000 151697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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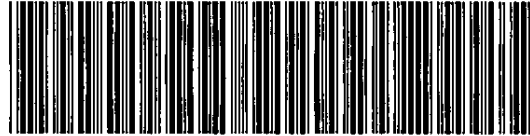
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 08 2015

J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Black Sails "X" LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRINA DYCHES  
Name of Person

Black Sails "X" LLC  
Firm/Company

6651 Woodland Dr  
Address

KEYSTONE HEIGHTS, FL 32656  
City/State and Zip Code

BlackSailsX@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRINA DYCHES at (352) 478-1441  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: Black Sails "X" LLC

**SECOND:** The Florida Document Number of the limited liability company is: L15000151697

**THIRD:** The street address of the limited liability company's principal office is:

6651 Woodland Dr  
Keystone Heights, FL 32656

The mailing address of the limited liability company's principal office is:

6651 Woodland Dr  
Keystone Heights, FL 32656

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: TRINA L. Dyches  
Robert W. Dyches JR

b. No authority granted to: /

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: TRINA DYCHES  
ROBERT W. DYCHES JR

b. No authority granted to: /

R. W. D.  
Signature of authorized representative

Robert W. Dyches  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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